

EXHIBIT 1



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty ◇ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ‡ | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli § ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German § ± ± | Joel M. Rubenstein § ± | Thomas G. Wilson † ±

BAR MEMBERSHIPS

* Maryland | • South Carolina | ◇ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | § New York | ± New Jersey | ■ West Virginia | • California

August 23, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Vaughan A. Allen, M.D.
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel, deceased
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Vaughan A. Allen, M.D.:

We are the attorneys representing Pinal Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, and Vaughan A. Allen, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by you, your employees and/or agents to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

The name and address of the claimant authorizing this notice, and their relationship to the patient:

Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116


Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning the care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 : 1-877-MY-ADVOCATES
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Maryland : South Carolina : Massachusetts : New York : North Carolina : Washington, D.C. : West Virginia

Janet, Jenner & Suggs, LLC
— ATTORNEYS AT LAW —

Enclosures

cc: Pinal Patel (*via first-class mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

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info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO:

I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____.

THE INFORMATION REQUESTED IS FOR **LITIGATION PURPOSES** AND IS TO
BE RELEASED TO:

Robert K. Jenner
Janet, Jenner & Suggs, LLC
Commerce Center
1777 Reisterstown Rd, Suite 165
Baltimore, MD 21208

Rosie Oldham, RN, BS, LNCC
R&G Medical Legal Solutions, LLC
PO Box 5339
Peoria, AZ 85385-5339

INFORMATION TO BE RELEASED

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> X Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> X History & Physical	<input type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> X Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> X Consultation reports	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
	<input checked="" type="checkbox"/> X Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: **alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information.** Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from JANET, JENNER & SUGGS, LLC, R&G Medical Legal Solutions, LLC, or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of the law firm of JANET, JENNER & SUGGS, LLC, and/or R&G Medical Legal Solutions, LLC.

A photocopy of this authorization is to be considered as valid as the original.

Dated: _____

Signature: _____

SSN: _____

Printed Name: _____

DOB: _____

Address: _____

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Re: Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel, deceased

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37205-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughan A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$* | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$* ± | Joel M. Rubenstein \$* | Thomas G. Wilson* ± †

BAR MEMBERSHIPS:

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
± Illinois | † Florida | ° North Carolina | \$ New York | * New Jersey | * West Virginia | * California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE OF MAILING

Vaughn A. Allen, M.D.
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel
HIPAA Compliant Authorization

To Vaughn A. Allen:

Enclosed please find an amended HIPAA compliant authorization and Notice of Claim.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Kimberly A. Dougherty', with a long horizontal flourish extending to the right.

Kimberly A. Dougherty

Enclosure

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
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Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± ± | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$* | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$* ± | Joel M. Rubenstein \$* | Thomas G. Wilson \$* ±

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December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE OF MAILING

Vaughn A. Allen, M.D.
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Vaughan A. Allen:

We are the attorneys representing Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation and Vaughn A. Allen, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by you, your employees and/or agents to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02106
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

The name and address of the claimant authorizing this notice:

Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

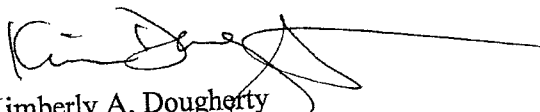
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

Enclosures

MASSACHUSETTS OFFICE:
Kimberly A. Dougherty, Managing Attorney
31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
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info@MyAdvocates.com | MyAdvocates.com
Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
— ATTORNEYS AT LAW —

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via electronic mail*)

MASSACHUSETTS OFFICE:
Kimberly A. Dougherty, Managing Attorney
31 St. James Avenue, Suite 965 | Boston, Massachusetts 02116
617-933-1269 | Fax 410-683-5903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com
Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO:

I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____

THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:

INFORMATION TO BE RELEASED

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> History & Physical	<input type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> Consultation reports	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.


I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____

A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13
 SSN: 408-83-8265
 DOB: 09/01/32
 DOD: 01/22/13

Signature: 
 Printed Name: Pinal Patel
 Address: 315 S Main St
Grovettsville, TN 37072
 Individually, As Personal
 Representative of the Estate
 of Gokulbhai M. Patel

STATE OF TENNESSEE Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED'S LEGAL NAME (Last, First, Middle, Last, Jr., Sr., etc.) Gokulbhai Megarabhai Patel		2. SEX Male		3. DATE OF BIRTH (Month, Day, Year) September 1, 1932		4. DATE OF DEATH (Month, Day, Year) January 22, 2013	
5. TIME OF DEATH (Approx.) 09:15 AM		6. AGE (Years) 80		7. PLACE OF BIRTH (City and State or Foreign Country) Waran, India		8. COUNTY OF DEATH Bedford	
9. DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Yes		10. DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> No		11. PLACE OF DEATH (Check one) <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify):		12. FACILITY NAME (If the institution, give street and number) Heritage Medical Center	
13. SOCIAL SECURITY NUMBER 408-83-6255		14. RESIDENCE STATE OR FOREIGN COUNTRY Tennessee		15. COUNTY Bedford		16. CITY OR TOWN Shelbyville	
17. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		18. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		19. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		20. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician	
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61. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		62. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		63. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		64. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician	
65. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		66. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		67. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		68. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician	
69. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		70. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		71. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		72. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician	
73. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		74. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		75. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		76. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician	
77. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		78. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		79. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		80. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician	
81. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		82. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		83. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		84. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician	
85. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		86. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		87. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		88. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician	
89. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		90. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		91. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		92. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician	
93. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		94. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		95. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		96. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician	
97. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		98. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		99. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician		100. DECEASED'S SIGNATURE (Check one) <input checked="" type="checkbox"/> Signature of decedent <input type="checkbox"/> Signature of physician	

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Teressa S. Handricks
STATE REGISTRAR

Deputy Registrar
Bedford County

Date Issued

Jan 23, 2013

CERTIFICATION OF VITAL RECORD

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
LETTERS OF ADMINISTRATION

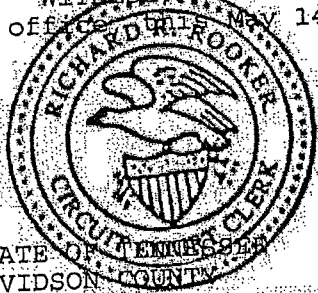
13P832

TO PINAL PATEL :

It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESSES Richard R. Rooker, Clerk of Probate Court, at my office this May 14, 2013



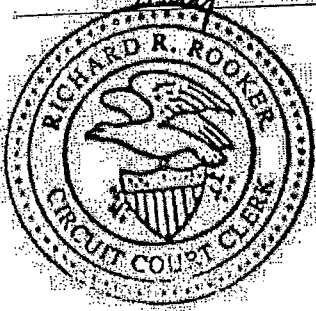
Richard R. Rooker, Clerk

D.C.

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of MAY, 2013.



Richard R. Rooker, Clerk

D.C.



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.*±
Dov Apfel*± | Stephen C. Offutt*±± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. KettererΔ

Sharon R. Guzejko* | Kimberly A. Dougherty◊ | Francis M. Hinson, IV* | Hal J. KleinmanΔ‡ | Tara J. Posner*±† | Elisha N. Hawk*±±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder*± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn*±
Seth L. Cardeli\$± | Samuel M. Collings*± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.º | Steven J. German\$±± | Joel M. Rubenstein\$± | Thomas G. Wilson▪†•

BAR MEMBERSHIPS

* Maryland | • South Carolina | ◊ Massachusetts | ± District of Columbia | ≈ Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | º North Carolina | \$ New York | ¤ New Jersey | ▪ West Virginia | • California

August 23, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D. Registered Agent for Service of Process
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37205-2013

Re: Gokulbhai Maganbhai Patel, deceased
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Saint Thomas Outpatient Neurosurgical Center, LLC:

We are the attorneys representing Pinal Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, and Vaughan A. Allen, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by employees and/or agents of Saint Thomas Outpatient Neurosurgical Center, LLC to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-4265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice, and their relationship to the patient:

Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning the care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Very truly yours,



Kimberly A. Dougherty

Enclosures

cc: Pinal Patel (*via first-class mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____.THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:Robert K. Jenner
Janet, Jenner & Suggs, LLC
Commerce Center
1777 Reisterstown Rd, Suite 165
Baltimore, MD 21208Rosie Oldham, RN, BS, LNCC
R&G Medical Legal Solutions, LLC
PO Box 5339
Peoria, AZ 85385-5339**INFORMATION TO BE RELEASED**

_____ Municipal, Governmental, Fire or Police Records	_____ Inpatient Date _____	<u>X</u> X-rays (digital)
_____ Federal or State Tax information or records	_____ Outpatient Date _____	<u>X</u> X-ray reports
_____ Wage, income or earning records or reports	<u>X</u> Emergency Room records	<u>X</u> ENTIRE RECORD
<u>X</u> Laboratory reports	_____ Face Sheet	<u>X</u> Billing Records
<u>X</u> Report and/or records from physician, therapist	<u>X</u> History & Physical	Steroid Injection
	<u>X</u> Discharge summary	Information [e.g., manufacturer, Lot #]
	<u>X</u> Consultation reports	<u>X</u> Color copies of any photographs
	<u>X</u> Surgery & Pathology reports	Test Results [e.g., Spinal Tap]
	_____ MRIs (digital)	

I understand the requested medical records may include information relating to: **alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information.** Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from JANET, JENNER & SUGGS, LLC, R&G Medical Legal Solutions, LLC, or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of the law firm of JANET, JENNER & SUGGS, LLC, and/or R&G Medical Legal Solutions, LLC.

A photocopy of this authorization is to be considered as valid as the original.

Dated: _____

SSN: _____

DOB: _____

Signature: _____

Printed Name: _____

Address: _____

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Re: Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel, deceased

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37205-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughan A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Mariley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$* | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$* ± | Joel M. Rubenstein \$* | Thomas G. Wilson † ±

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
± Illinois | † Florida | * North Carolina | \$ New York | * New Jersey | ± West Virginia | ± California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

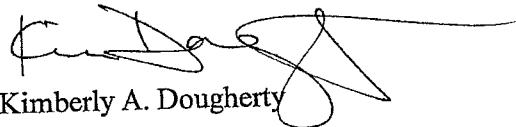
Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D. Registered Agent for Service of Process:
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel
HIPAA Compliant Authorization

To Saint Thomas Outpatient Neurosurgical Center, LLC:

Enclosed please find an amended HIPAA compliant authorization and Notice of Claim.

Very truly yours,



Kimberly A. Dougherty

Enclosure

December 5, 2013

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ
Sharon R. Guzejko* | Kimberly A. Dougherty ◊ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr. ◊ | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± ± | Thomas G. Wilson ± † ±

BAR MEMBERSHIPS

* Maryland | * South Carolina | ◊ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | \$ New York | * New Jersey | ■ West Virginia | ± California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D. Registered Agent for Service of Process:
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37205-2013

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Saint Thomas Outpatient Neurosurgical Center, LLC:

We are the attorneys representing Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation and Vaughn A. Allen, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by employees and/or agents of Saint Thomas Outpatient Neurosurgical Center, LLC to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

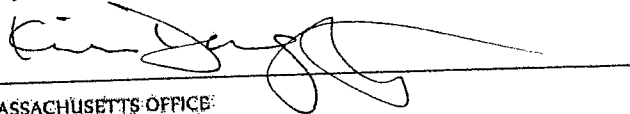
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



MASSACHUSETTS OFFICE
Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
—ATTORNEYS AT LAW—

Kimberly A. Dougherty

Enclosures

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via electronic mail*)

MASSACHUSETTS OFFICE:

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO:

I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____

THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:

INFORMATION TO BE RELEASED

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> History & Physical	<input type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> Consultation reports	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____


A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13

SSN: 408-83-8265

DOB: 09/01/32

DOD: 01/22/13

Signature: 

Printed Name: Pinal Patel

Address: 315 S Main St

Goodlettsville, TN 37072

Individually, As Personal
Representative of the Estate
of Gokulbhai M. Patel

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

1. DECEASED'S NAME (Last, First, Middle, Last, Jr.) Gokulshah Meghna Patel										2. SEX Male		3. DATE OF BIRTH (Month, Day, Year) January 22, 2013	
4. TIME OF DEATH 08:15 AM		5. AGE-Last birthday (Year) 80		6. UNDER 1 YEAR Married: <input type="checkbox"/> Divorced: <input type="checkbox"/> Widowed: <input type="checkbox"/> Single: <input type="checkbox"/>		7. UNDER 1 YEAR Married: <input type="checkbox"/> Divorced: <input type="checkbox"/> Widowed: <input type="checkbox"/> Single: <input type="checkbox"/>		8. DATE OF BIRTH (Month, Day, Year) January 22, 2013		9. BIRTHPLACE (City and State or Foreign Country) Vihar, India			
10. PLACE OF DEATH (Check one) <input type="checkbox"/> DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> DEATH OCCURRED IN A HOME <input type="checkbox"/> DEATH OCCURRED IN A NURSING HOME <input type="checkbox"/> DEATH OCCURRED IN A PRISON <input type="checkbox"/> DEATH OCCURRED IN A JAIL <input type="checkbox"/> DEATH OCCURRED IN A PLACE OTHER THAN A HOSPITAL													
11. FACILITY NAME (If not known, give street and number) Heritage Medical Center													
12. SOCIAL SECURITY NUMBER 408-83-6265													
13. RESIDENCE STATE OR FOREIGN COUNTRY Tennessee													
14. STREET AND NUMBER 400 S. Cannon Blvd.													
15. CITY OR TOWN Shelbyville													
16. COUNTY OF BIRTH Bedford													
17. DECEASED'S OCCUPATION Farmer													
18. DECEASED'S RELIGION Christian													
19. DECEASED'S RACE White													
20. DECEASED'S ETHNICITY Other (Specify)													
21. DECEASED'S SEX Male													
22. DECEASED'S AGE 80													
23. DECEASED'S DATE OF BIRTH January 22, 2013													
24. DECEASED'S PLACE OF BIRTH Vihar, India													
25. DECEASED'S RACE White													
26. DECEASED'S ETHNICITY Other (Specify)													
27. DECEASED'S SEX Male													
28. DECEASED'S AGE 80													
29. DECEASED'S DATE OF BIRTH January 22, 2013													
30. DECEASED'S PLACE OF BIRTH Vihar, India													
31. DECEASED'S RACE White													
32. DECEASED'S ETHNICITY Other (Specify)													
33. DECEASED'S SEX Male													
34. DECEASED'S AGE 80													
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106. DECEASED'S AGE 80													
107. DECEASED'S DATE OF BIRTH January 22, 2013													
108. DE													

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

5699318

T. Hendricks
Teresa S. Hendricks
STATE REGISTRAR

Deputy Registrar
Bedford County

Date Issued
Jan 23 70

CERTIFICATION OF VITAL RECORD

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
LETTERS OF ADMINISTRATION

13P832

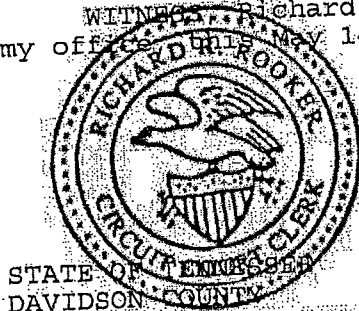
TO PINAL PATEL :


It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESSES, Richard R. Rooker, Clerk of Probate Court, at my office this May 14, 2013

Richard R. Rooker, Clerk

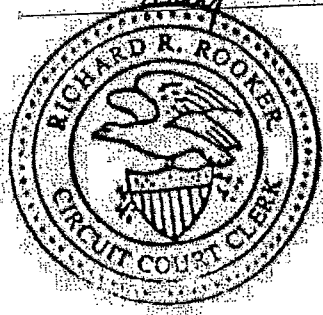


 D.C.


STATE OF
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of May, 2013.



Richard R. Rooker, Clerk

 D.C.



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ
Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$* | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$* ± | Joel M. Rubenstein \$* ± | Thomas G. Wilson* ± ±

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
± Illinois | † Florida | ° North Carolina | \$ New York | * New Jersey | ■ West Virginia | ± California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE OF MAILING

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37205-2013

Re: Gokulbhai Maganbhai Patel
HIPAA Compliant Authorization

To Saint Thomas Outpatient Neurosurgical Center, LLC:

Enclosed please find an amended HIPAA compliant authorization and Notice of Claim.

Very truly yours,

Kimberly A. Dougherty

Enclosure

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 617-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia



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Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

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December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE OF MAILING

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D. Registered Agent for Service of Process:
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37205-2013

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Saint Thomas Outpatient Neurosurgical Center, LLC:

We are the attorneys representing Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation and Vaughn A. Allen, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by employees and/or agents of Saint Thomas Outpatient Neurosurgical Center, LLC to Gokulbhai

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

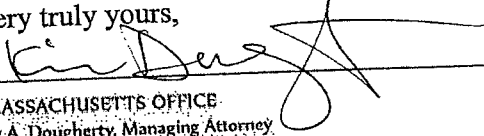
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,


MASSACHUSETTS OFFICE
Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
— ATTORNEYS AT LAW —

Kimberly A. Dougherty

Enclosures

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via electronic mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO:

I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____

THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:

INFORMATION TO BE RELEASED

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input type="checkbox"/> Wage, income or earning records or reports		<input type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
<input checked="" type="checkbox"/> Laboratory reports	<input checked="" type="checkbox"/> History & Physical	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> Discharge summary	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> Consultation reports	
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.


I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____

A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13
 SSN: 408-83-8265
 DOB: 09/01/32
 DOD: 01/22/13

Signature: 
 Printed Name: Pinul Patel
 Address: 315 S Main St
Goodlettsville, TN 37072
 Individually, As Personal
 Representative of the Estate
 of Gokulbhai M. Patel

STATE OF TENNESSEE Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED'S LEGAL NAME (Print, Legal, Last, First, Middle) Gokulshah Meganihal Patel		2. SEX Male		3. DATE OF BIRTH (Month, Day, Year) January 22, 2013	
4. TIME OF DEATH (Month, Day, Year) 09:15 AM		5. AGE (Years, Months, Days) 80		6. PLACE OF BIRTH (Country) Vihar, India	
7. DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> OTHER		8. DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> OTHER		9. PLACE OF DEATH (Check one only) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> OTHER	
10. FACILITY NAME (If not institution, give street and number) Hennepin Medical Center		11. CITY OR TOWN Shelbyville		12. COUNTY OF BIRTH Bedford	
13. SOCIAL SECURITY NUMBER 408-83-8255		14. DECEASED'S STATE OR FOREIGN COUNTRY Tennessee		15. COUNTY Bedford	
16. STREET AND NUMBER 400 S. Cannon Blvd.		17. ZIP CODE 37160		18. CITY OR TOWN Shelbyville	
19. DECEASED'S EDUCATION (Check one or more that apply) <input checked="" type="checkbox"/> High school or less <input type="checkbox"/> Some college or O.D. equivalent <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS, BSE) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MPA, MHA, MDiv, MEd, MEdS) <input type="checkbox"/> Doctorate (e.g., PhD, EdD or Professional degree (e.g., MD, DDS, DVM, LL.M., J.D.)) <input type="checkbox"/> Unknown		20. DECEASED'S HIGHEST GRADE (Check one or more that apply) <input checked="" type="checkbox"/> High school or less <input type="checkbox"/> Some college or O.D. equivalent <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS, BSE) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MPA, MHA, MDiv, MEd, MEdS) <input type="checkbox"/> Doctorate (e.g., PhD, EdD or Professional degree (e.g., MD, DDS, DVM, LL.M., J.D.)) <input type="checkbox"/> Unknown		21. DECEASED'S RACE (Check one or more that apply to include race for statistical purposes) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino or Mexican <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other (Specify)	
22. DECEASED'S RELIGION (Check one or more that apply) <input type="checkbox"/> None <input type="checkbox"/> Protestant <input type="checkbox"/> Catholic <input type="checkbox"/> Other (Specify)		23. DECEASED'S MARRIAGE STATUS (Check one only) <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		24. DECEASED'S MARRIAGE STATUS (Check one only) <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
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SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
LETTERS OF ADMINISTRATION

13P832

TO PINAL PATEL :

It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESSES Richard R. Rooker, Clerk of Probate Court, at my office this May 14, 2013



Richard R. Rooker, Clerk

D.C.

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of MAY, 2013.



Richard R. Rooker, Clerk

D.C.



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ‡ | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$* | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$* ± | Joel M. Rubenstein \$* | Thomas G. Wilson †*

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ≈ Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | \$ New York | ≈ New Jersey | ■ West Virginia | • California

August 23, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D. Registered Agent for Service of Process
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel, deceased
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Howell Allen Clinic A Professional Corporation:

We are the attorneys representing Pinal Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, and Vaughan A. Allen, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by employees and/or agents of Howell Allen Clinic A Professional Corporation to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

The name and address of the claimant authorizing this notice and their relationship to the patient:

Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

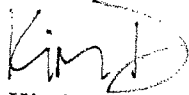
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning the care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
— ATTORNEYS AT LAW —

Enclosures

cc: Pinal Patel (*via first-class mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

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617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland • South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO:

I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____.

THE INFORMATION REQUESTED IS FOR **LITIGATION PURPOSES** AND IS TO
BE RELEASED TO:

Robert K. Jenner
Janet, Jenner & Suggs, LLC
Commerce Center
1777 Reisterstown Rd, Suite 165
Baltimore, MD 21208

Rosie Oldham, RN, BS, LNCC
R&G Medical Legal Solutions, LLC
PO Box 5339
Peoria, AZ 85385-5339

INFORMATION TO BE RELEASED

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> History & Physical	<input type="checkbox"/> Steroid Injection
	<input checked="" type="checkbox"/> Discharge summary	<input checked="" type="checkbox"/> Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> Consultation reports	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> Surgery & Pathology reports	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: **alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information.** Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from JANET, JENNER & SUGGS, LLC, R&G Medical Legal Solutions, LLC, or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of the law firm of JANET, JENNER & SUGGS, LLC, and/or R&G Medical Legal Solutions, LLC.

A photocopy of this authorization is to be considered as valid as the original.

Dated: _____

SSN: _____

DOB: _____

Signature: _____

Printed Name: _____

Address: _____

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Re: Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel, deceased

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37205-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughan A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

EXHIBIT 6



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$* | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$* ± | Joel M. Rubenstein \$* | Thomas G. Wilson* ± †

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | = Minnesota | Δ Pennsylvania
± Illinois | † Florida | ° North Carolina | \$ New York | * New Jersey | ■ West Virginia | ♦ California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE OF MAILING

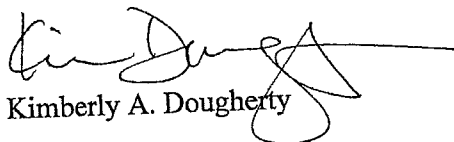
Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D. Registered Agent for Service of Process:
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel
HIPAA Compliant Authorization

To Howell Allen Clinic A Professional Corporation:

Enclosed please find an amended HIPAA compliant authorization and Notice of Claim.

Very truly yours,


Kimberly A. Dougherty

Enclosure

MASSACHUSETTS OFFICE:

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli S* | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German S* ± | Joel M. Rubenstein S* | Thomas G. Wilson ± †

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
± Illinois | † Florida | * North Carolina | S New York | * New Jersey | ■ West Virginia | ♦ California

December 5, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE OF MAILING

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D. Registered Agent for Service of Process:
2011 Murphy Ave., Suite 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Howell Allen Clinic A Professional Corporation:

We are the attorneys representing Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation and Vaughn A. Allen, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by employees and/or agents of Saint Thomas Outpatient Neurosurgical Center, LLC to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

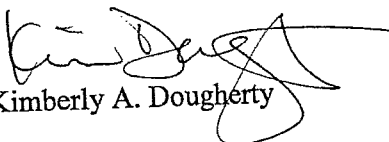
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

MASSACHUSETTS OFFICE
Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
— ATTORNEYS AT LAW —

Enclosures

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via electronic mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO:

I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____

THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:

INFORMATION TO BE RELEASED

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> History & Physical	<input type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> Consultation reports	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.


I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____

A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13
 SSN: 408-83-8265
 DOB: 09/01/32
 DOD: 01/22/13

Signature: 
 Printed Name: Pinal Patel
 Address: 315 S Main St
Goodlettsville, TN 37072
 Individually, As Personal
 Representative of the Estate
 of Gokulbhai M. Patel

STATE OF TENNESSEE Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED'S LEGAL NAME (Print, Middle, Last, Suffix) Gokulbhai Megharbhai Patel		2. SEX Male		3. DATE OF BIRTH (Month, Day, Year) January 22, 2013	
4. TIME OF DEATH 09:15 AM		5. UNDER 1 YEAR 00		6. UNDER 5 YEARS 00	
7. PLACE OF DEATH (House, Apartment, Hotel, etc.) Heritage Medical Center		8. PLACE OF DEATH (House, Apartment, Hotel, etc.) Shelbyville		9. PLACE OF DEATH (House, Apartment, Hotel, etc.) Bedford	
10. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		11. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		12. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
13. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		14. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		15. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
16. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		17. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		18. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
19. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		20. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		21. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
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31. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		32. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		33. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
34. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		35. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		36. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
37. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		38. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		39. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
40. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		41. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		42. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
43. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		44. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		45. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
46. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		47. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		48. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
49. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		50. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		51. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
52. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		53. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		54. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
55. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		56. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		57. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
58. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		59. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		60. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
61. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		62. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		63. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
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82. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		83. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		84. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
85. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		86. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		87. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
88. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		89. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		90. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
91. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		92. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		93. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
94. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		95. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		96. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	
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100. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		101. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.		102. DECEASED'S RESIDENCE (Print, Middle, Last, Suffix) 400 S. Cannon Blvd.	

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Teresa S. Handricks
STATE REGISTRAR

Deputy Registrar
Bedford County

Date Issued

Jan 23, 2013

CERTIFICATION OF VITAL RECORD

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
LETTERS OF ADMINISTRATION

13P832

TO PINAL PATEL:

It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESSE, Richard R. Rooker, Clerk of Probate Court, at my office, May 14, 2013

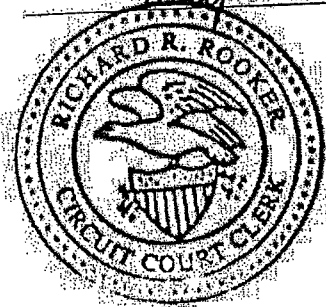


Richard R. Rooker, Clerk

D.C.

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of MAY, 2013.



Richard R. Rooker, Clerk

D.C.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Saint Thomas Outpatient
Neurological Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37205-2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Debra Schenberg ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Date of Delivery
8-26-13D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7009 2820 0001 3573 8731

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Saint Thomas Outpatient
Neurological Center, LLC
c/o Gregory B. Lanford, MD
2011 Murphy Avenue
Ste. 301
Nashville, TN 37203-2023

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/27

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7009 2820 0001 3573 8748

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

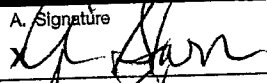
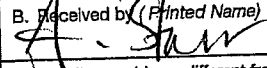
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Vaughan A. Allen, MD
2011 Murphy Ave.
Ste. 301
Nashville, TN 37203-2023

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  ☐ Agent
☐ Addressee
- B. Received by (Printed Name)  C. Date of Delivery 8/27
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7009 2820 0001 3573 8762
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540


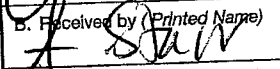
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hawell Allenclinic A Professional
Corporation
c/o Gregory B. Lanford, MD
2011 Murphy Ave, Ste. 301
Nashville, TN 37203-2023

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  ☐ Agent
☐ Addressee
- B. Received by (Printed Name)  C. Date of Delivery 8/27
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7009 2820 0001 3573 8755
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

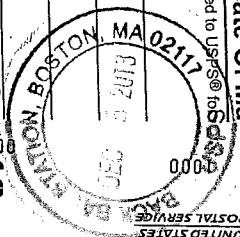
102595-02-M-1540

POSTAL SERVICE®
Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: Janet Jenner & Sons, LLC
31 St. James Ave, Ste 306
Boston, MA 02116

To: St. Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4330 Harding Rd
Nashville, TN 37203-2023



U.S. POSTAGE
PAID
BOSTON, MA
02116
DEC 05, 13
AMOUNT
\$1.20
00078842-07

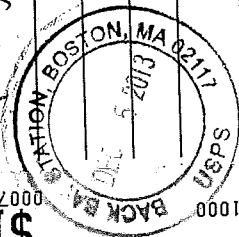
PS Form 3817, April 2007 PSN 7530-02-000-9065

**UNITED STATES
POSTAL SERVICE®**
Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: Janet Jenner & Sons, LLC
31 St. James Ave, Ste 306
Boston, MA 02116

To: Howell Allen Clinic & Professional Corporation
Gregory Blandford, M.D. Registered Agent for Service of Process
2011 Murphy Ave, Ste 301
Nashville, TN 37203-2023



U.S. POSTAGE
PAID
BOSTON, MA
02116
DEC 05, 13
AMOUNT
\$1.20
00078842-07

PS Form 3817, April 2007 PSN 7530-02-000-9065

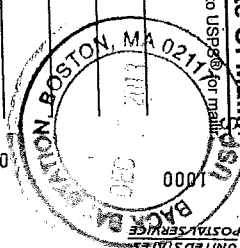
or

POSTAL SERVICE®
Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: Janet Jenner & Sons, LLC
31 St. James Ave, Ste 306
Boston, MA 02116

To: St. Thomas Outpatient Neurosurgical Center, LLC
Gregory Blandford, M.D. Registered Agent for Service of Process
2011 Murphy Ave, Ste 301
Nashville, TN 37203-2023



U.S. POSTAGE
PAID
BOSTON, MA
02116
DEC 05, 13
AMOUNT
\$1.20
00078842-07

PS Form 3817, April 2007 PSN 7530-02-000-9065

**UNITED STATES
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This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From: Janet Jenner & Sons, LLC
31 St. James Ave, Ste 306
Boston, MA 02116

To: Vaughan A. Allen, M.D.
2011 Murphy Ave, Ste 301
Nashville, TN 37203-2023



U.S. POSTAGE
PAID
BOSTON, MA
02116
DEC 05, 13
AMOUNT
\$1.20
00078842-07

PS Form 3817, April 2007 PSN 7530-02-000-9065

or



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.*
Dov Apfel* | Stephen C. Offutt* | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer*

Sharon R. Guzejko* | Kimberly A. Dougherty | Francis M. Hinson, IV* | Hal J. Kleinman* | Tara J. Posner* | Elisha N. Hawk*
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penin*
Seth L. Cardeli* | Samuel M. Collings* | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German* | Joel M. Rubenstein* | Thomas G. Wilson*

BAR MEMBERSHIPS

* Maryland | * South Carolina | * Massachusetts | * District of Columbia | * Minnesota | * Pennsylvania
* Illinois | * Florida | * North Carolina | * New York | * New Jersey | * West Virginia | * California

December 11, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
CERTIFICATE OF MAILING

St. Thomas Hospital (St. Thomas West Hospital)
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
4220 Harding Road
Nashville, TN 37205

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To St. Thomas Hospital:

We are the attorneys representing Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, Nashville, Tennessee, Vaughn A. Allen, M.D., St. Thomas Health, St. Thomas Hospital (St. Thomas West Hospital) and Saint Thomas Network, including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care,

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 305 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

medicines and services provided by employees and/or agents of St. Thomas Hospital to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

MASSACHUSETTS OFFICE

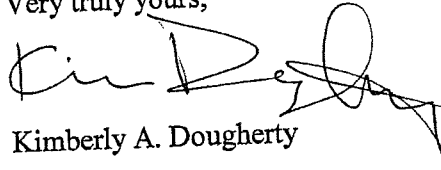
Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Very truly yours,



Kimberly A. Dougherty

Enclosures

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via electronic mail*)

MASSACHUSETTS OFFICE:

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

St. Thomas Health
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
4220 Harding Road
Nashville, TN 37205

Saint Thomas Network
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

Saint Thomas Network
4220 Harding Pike
Nashville, TN 37205

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:**INFORMATION TO BE RELEASED**

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
		Steroid Injection Information [e.g., manufacturer; Lot #]
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> History & Physical	<input checked="" type="checkbox"/> Color copies of any photographs
<input checked="" type="checkbox"/> Laboratory reports	<input checked="" type="checkbox"/> Discharge summary	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> Consultation reports	
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse; psychiatric treatment; HIV/Aids testing or treatment; sexually transmitted disease; and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

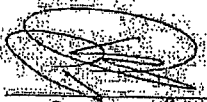
I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____

A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13
 SSN: 408-83-8265
 DOB: 09/01/32
 DOD: 01/22/13

Signature: 
 Printed Name: Pinal Patel
 Address: 315 S. Main St
Greenville, TN 37072
 Individually, As Personal
 Representative of the Estate
 of Gokulbhai M. Patel

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
LETTERS OF ADMINISTRATION

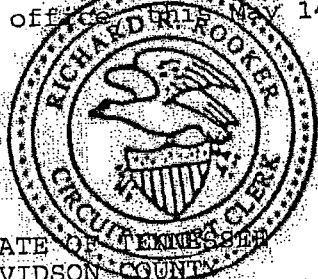
13P832

TO PINAL PATEL :

It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESSED by Richard R. Rooker, Clerk of Probate Court, at my office this 14, 2013



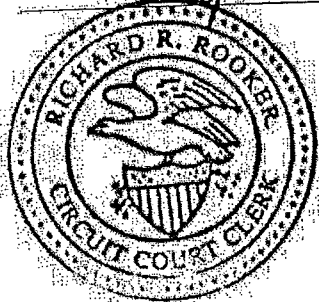
Richard R. Rooker, Clerk

D.C.

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of May, 2013.



Richard R. Rooker, Clerk

D.C.

STATE OF TENNESSEE Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED'S LEGAL NAME (Print, include last, first, middle) Golubhai Meghabhai Patel		2. SEX Male		3. DATE OF BIRTH (Month, Day, Year) January 22, 2013	
4. TIME OF DEATH (Month, Day, Year) 08:15 AM		5. AGE (Years) 80		6. PLACE OF DEATH (City and State) Shelbyville, TN	
7. DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Long-term care facility <input type="checkbox"/> Other (Specify)		8. DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Private home <input type="checkbox"/> Nursing home <input type="checkbox"/> Other (Specify)			
9. FACILITY NAME (If not known, give street and number) Heritage Medical Center		10. CITY OR TOWN Shelbyville		11. COUNTY OF DEATH Bedford	
12. SOCIAL SECURITY NUMBER 408-03-8255		13. RESIDENCE STATE OR FOREIGN COUNTRY Tennessee		14. DECEASED'S OCCUPATION Farmer	
15. DECEASED'S EDUCATION (Check one or more boxes) <input checked="" type="checkbox"/> High school graduate or GED certificate <input type="checkbox"/> Some college, but no degree <input type="checkbox"/> Bachelor's degree (B.S., BA, AB) <input type="checkbox"/> Master's degree (M.S., MA, MEd) <input type="checkbox"/> Doctoral degree (Ph.D., Ed.D., etc.) <input type="checkbox"/> Other (Specify)		16. DECEASED'S RACE (Check one or more boxes) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other (Specify)		17. DECEASED'S SEX (Check one or more boxes) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (Specify)	
18. FATHER'S NAME (Print, include last, first, middle) Meghabhai Patel		19. MOTHER'S NAME (Print, include last, first, middle) Premiben, Meghabhai		20. DECEASED'S MARITAL STATUS (Check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other (Specify)	
21. RELATIONSHIP TO DECEASED Son		22. MARITAL ADDRESS (Print, include last, first, middle) 400 S. Cannon Blvd., Shelbyville, TN 37160		23. LOCATION - City and State Winchester, TN	
24. NAME AND ADDRESS OF FUNERAL HOME Feldhaus Memorial Chapel 2022 N. Main Street, Shelbyville, TN 37160		25. SIGNATURE OF DECEASED N/A		26. LICENSE NUMBER N/A	
27. SIGNATURE OF PHYSICIAN Diana C. Katz (DR)		28. DATE FILED (Month, Day, Year) Jan 23 2013		29. DATE OF DEATH (Month, Day, Year) 1/22/13	
30. PART I. Cause of Death (List all causes, including immediate, intermediate, and underlying causes, in order of occurrence, starting with the immediate cause of death. Do not leave any space between causes.) CAD		31. PART II. Cause of Death (List all causes, including immediate, intermediate, and underlying causes, in order of occurrence, starting with the immediate cause of death. Do not leave any space between causes.) CAD, INDM, Fungal meningitis			
32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		33. DATE OF INJURY (Month, Day, Year) 1/22/13		34. TIME OF INJURY 11:00 AM	
35. TRANSPORTATION <input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Private vehicle <input type="checkbox"/> Other (Specify)		36. DATE OF DEATH (Month, Day, Year) 1/22/13		37. TIME OF DEATH (Month, Day, Year) 11:00 AM	
38. DESCRIBE HOW INJURY OCCURRED		39. LOCATION OF INJURY (Street and Number, City or Town, State)			

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.
Tennessee Code Annotated 66-3-101 et seq., Vital Records Act of 1977.

5699318

Teresa S. Handricks
STATE REGISTRAR

Diana C. Katz (DR)
Deputy Registrar
Bedford County

Date Issued
Jan 23 2013

CERTIFICATION OF VITAL RECORD



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.* ±
Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$* | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$* ± | Joel M. Rubenstein \$* | Thomas G. Wilson* ± †

BAR MEMBERSHIPS

*Maryland | *South Carolina | ΔMassachusetts | ± District of Columbia | = Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | \$ New York | * New Jersey | ■ West Virginia | + California

December 11, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED CERTIFICATE OF MAILING

Saint Thomas Network
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

Saint Thomas Network
4220 Harding Pike
Nashville, TN 37205

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To St. Thomas Network:

We are the attorneys representing Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, Nashville, Tennessee, Vaughn A. Allen, M.D., St. Thomas Health, St. Thomas Hospital (St. Thomas West Hospital) and Saint Thomas Network, including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care,

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

medicines and services provided by employees and/or agents of St. Thomas Network to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

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Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

MASSACHUSETTS OFFICE

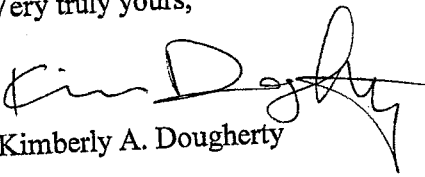
Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Very truly yours,


Kimberly A. Dougherty

Enclosures

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via electronic mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

St. Thomas Health
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
4220 Harding Road
Nashville, TN 37205

Saint Thomas Network
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

Saint Thomas Network
4220 Harding Pike
Nashville, TN 37205

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:**INFORMATION TO BE RELEASED**

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
		<input type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> History & Physical	<input checked="" type="checkbox"/> Color copies of any photographs
<input checked="" type="checkbox"/> Laboratory reports	<input checked="" type="checkbox"/> Discharge summary	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> Consultation reports	
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRJs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse; psychiatric treatment; HIV/Aids testing or treatment; sexually transmitted disease; and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____


A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13

SSN: 408-83-8265

DOB: 09/01/32

DOD: 01/22/13

Signature: 

Printed Name: Pinal Patel

Address: 315 S Main St
Goodlettsville, TN 37072

Individually, As Personal
Representative of the Estate
of Gokulbhai M. Patel

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE
LETTERS OF ADMINISTRATION

13P832

TO PINAL PATEL :

It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESSETH Richard R. Rooker, Clerk of Probate Court, at my office May 14, 2013



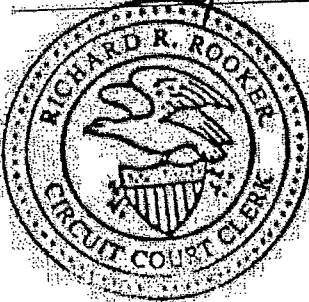
Richard R. Rooker, Clerk

D.C.

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of May, 2013.



Richard R. Rooker, Clerk

D.C.

STATE OF TENNESSEE Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED'S LEGAL NAME (Last, Middle, First) Gouthal Meghmal Patel		2. SEX Male		3. DATE OF BIRTH (Month, Day, Year) January 22, 2013	
4. TIME OF DEATH 09:15 AM		5. AGE (Years, Months, Days) 90		6. DATE OF BIRTH (Month, Day, Year) September 1, 1932	
7. DEATH OCCURRED IN A FACILITY <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> At Home		8. PLACE OF DEATH (Specify and number) Bedford			
9. FACILITY NAME (If not inpatient, give street and number) Heritage Medical Center		10. CITY OR TOWN Shelbyville		11. COUNTY OF BIRTH Bedford	
12. SOCIAL SECURITY NUMBER 408-83-8255		13. RESIDENCE STATE OR FOREIGN COUNTRY Tennessee		14. COUNTY Bedford	
15. STREET AND NUMBER 400 S. Cannon Blvd.		16. BRIDGE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		17. ZIP CODE 37160	
18. DECEASED'S RACE (Check one or more boxes in column 18a and 18b) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Specify)		19. DECEASED'S RACE (Check one or more boxes in column 19a and 19b) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Specify)			
20. FATHER'S NAME (Last, Middle, First) Meghmal Patel		21. MOTHER'S NAME (Last, Middle, First) Premiben Meghmal		22. RELATIONSHIP TO DECEASED Son	
23. METHOD OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown		24. PLACE OF DEATH (Name of cemetery, crematory, or place) Moore-Corbin Funeral Home		25. LOCATION - City or Town and State Winchester TN	
26. NAME AND ADDRESS OF FUNERAL HOME Fekheris Memorial Chapel 2022 N. Main Street, Shelbyville TN 37160		27. LICENSE NUMBER 4605		28. SIGNATURE OF EXAMINER N/A	
29. REGISTRAR'S SIGNATURE Diana E. Kelly (DR)		30. DATE OF SIGNATURE Jan 23 2013		31. LICENSE NUMBER OF FUNERAL HOME 1044	
32. PHYSICIAN'S SIGNATURE N/A		33. DATE OF SIGNATURE 1/23/13		34. NAME AND ADDRESS Mehardev Fekheris, MD 2762 HWY 231 North, Shelbyville TN 37160	
35. IMMEDIATE CAUSE COPD		36. UNDERLYING CAUSE CAD, INDM, Fungal meningitis		37. HAD AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. NUMBER OF DEATHS <input checked="" type="checkbox"/> Immediate <input type="checkbox"/> Intermediate <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		39. DECEASED'S CONDITION AT DEATH <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		40. DECEASED'S CONDITION AT DEATH <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant (in term of death) <input type="checkbox"/> Not pregnant, and pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year	
41. DATE OF BIRTH January 22, 2013		42. DATE OF DEATH January 23, 2013		43. PLACE OF DEATH - (Specify and number) Winchester TN	
44. DESCRIBE HOW INJURY OCCURRED		45. LOCATION OF INJURY (Specify and number, City or Town, State)			

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.
Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

5699318

Teresa S. Hendricks
Teresa S. Hendricks
STATE REGISTRAR

Diana E. Kelly (DR)
Deputy Registrar
Bedford County

Date Issued
Jan 23 2013

CERTIFICATION OF VITAL RECORD